

031104

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PTO/SB/05 (12/97)

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# Utility Patent Application Transmittal

(only for nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	AI 257D1	DATE	March 11, 2004
Inventor(s)	Junichi HIKITA et al.		

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10/797018

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**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 77] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s)	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 22]	8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. Oath or Declaration [Total Sheets 4] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 17 completed)	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney
[Note Box 5 below]	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	10. <input type="checkbox"/> English Translation Document (if applicable)
5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	11. <input checked="" type="checkbox"/> Copies Of Information Disclosure <input type="checkbox"/> Copies of IDS /PTO-892 from parent Application Citations
12. <input checked="" type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired	
15. <input checked="" type="checkbox"/> Copies of five Certified Copy first page of Priority Documents (if foreign priority is claimed)	
16. <input type="checkbox"/> Other: _____	

## 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No.: 09/499,384**18. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	18-0002	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)		
NAME	Steven M. Rabin (Reg. No. 29.102) - Rabin & Berdo, P.C.			
ADDRESS	Suite 500, 1101 14 <sup>th</sup> street, N.W.			
CITY	Washington, D.C.	STATE	ZIP CODE	20005
COUNTRY	TELEPHONE	(202) 371-8976	FAX	(202) 408-0924

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<b>Utility Patent Application Transmittal</b> <small>(only for nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	AI 257D1	DATE	March 11, 2004
	Inventor (s)	Junichi HIKITA et al.		

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents ADDRESS TO: P.O. Box 1450 Alexandria, VA 22313-1450		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 77] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s)</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 22]</p> <p>4. Oath or Declaration [Total Sheets 4] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 17 completed)  [Note Box 5 below]</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>17. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation   <input checked="" type="checkbox"/> Divisional   <input type="checkbox"/> Continuation-in-part (CIP)   of prior application No.: 09/499,384</p> <p>18. <b>CORRESPONDENCE ADDRESS</b></p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label   <b>18-0002</b>   <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)</p> <p>NAME   <i>Steven M. Rabin</i> (Reg. No. 29.102) - Rabin &amp; Berdo, P.C.</p> <p>ADDRESS   Suite 500, 1101 14<sup>th</sup> street, N.W.</p> <p>CITY   Washington, D.C.   STATE     ZIP CODE   20005</p> <p>COUNTRY     TELEPHONE   (202) 371-8976   FAX   (202) 408-0924</p>				

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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

A1 257D1

CLAIMS AS FILED - PART I			SMALL ENTITY		OTHER THAN SMALL ENTITY					
(Column 1)		(Column 2)		FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))								\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	4	minus 20 =	*				x \$ _____ =			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 =	*				x _____ =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ _____ =			
							TOTAL			
* If the difference in column 1 is less than zero, enter "0" in column 2.										

CLAIMS AS AMENDED - PART II			SMALL ENTITY		OTHER THAN SMALL ENTITY									
(Column 1)		(Column 2)		(Column 3)		AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
Total (37 CFR 1.16(c))	*	Minus	**		=					x \$ _____ =				
Independent (37 CFR 1.16(b))	*	Minus	***		=					x _____ =				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))														
(Column 1)			(Column 2)		(Column 3)		ADDITIONAL FEE		ADDITIONAL FEE		ADDITIONAL FEE		ADDITIONAL FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**		=		x \$ _____ =			x \$ _____ =			x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***		=		x _____ =			x _____ =			x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))														
(Column 1)			(Column 2)		(Column 3)		ADDITIONAL FEE		ADDITIONAL FEE		ADDITIONAL FEE		ADDITIONAL FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**		=		x \$ _____ =			x \$ _____ =			x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***		=		x _____ =			x _____ =			x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))														

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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